



**Demographic
and Health
Surveys**

Model “A” Questionnaire

**With Additional Health
Questions and Commentary
For High Contraceptive
Prevalence Countries**

Basic Documentation — 3



**Institute for
Resource Development Inc.**
A Westinghouse Electric Company

DEMOGRAPHIC AND HEALTH SURVEYS

MODEL "A" QUESTIONNAIRE

WITH ADDITIONAL HEALTH QUESTIONS AND COMMENTARY

for

HIGH CONTRACEPTIVE PREVALENCE COUNTRIES

Institute for Resource Development
Westinghouse Electric Corporation
Columbia, Maryland

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Demographic and Health Surveys (DHS) is a five-year program (1984-1989) to assist governments and private agencies in developing countries with implementing 35 population surveys. The objectives of the program are: (1) to provide leaders in survey countries with population and health data useful for informed decision making, (2) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys, (3) to improve survey methods used to analyze populations in developing countries, and (4) to expand and improve the worldwide body of information on population and health.

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INTRODUCTION

The Demographic and Health Surveys program (DHS) is intended as a primary source of international population and health information for policymakers and for the research community. With a new emphasis on the collection and analysis of data on major health phenomena as well as on family planning, fertility, and mortality, DHS has four objectives: (1) to provide the survey countries with data and analysis useful for informed policy choices; (2) to expand the international population and health data base; (3) to advance survey methodology; and (4) to help to develop in participating countries the technical skills and resources necessary to conduct demographic and health surveys.

DHS was initiated in September 1984, as a five-year follow-on activity to the World Fertility Survey (WFS) and Contraceptive Prevalence Surveys (GPS) programs carried out during the years 1972-1984 and 1977-1985, respectively. Funded by the U.S. Agency for International Development (AID), DHS is being implemented by The Institute for Resource Development, a wholly-owned subsidiary of the Westinghouse Electric Corporation, and the Population Council, which is involved in DHS as a major subcontractor. The project provides financial and technical assistance for 35 surveys in Africa, Asia, and Latin America, as well as for 25 further analysis studies of DHS and related survey data.

The development of the DHS model questionnaires required nearly 20 drafts. All told, the entire process consumed over two years. Some of the revisions were fairly trivial; other drafts represented quite radical changes. The principal architects were: Charles Westoff, John Cleland, German Rodriguez, Martin Vaessen, and Luis Hernando Ochoa. Commentary along the way was provided by other DHS staff and consultants. In addition, various drafts were reviewed by some 50 of the leading professionals in the population and health survey field. The health experts were asked to identify the most important health data needs and to suggest appropriate health questions. The core DHS questionnaire includes these standard questions. In addition, a health module was developed incorporating an expanded set of health questions. This module, in turn, has been integrated with the core DHS questionnaire in this volume.

The final result of this effort to represent all of these different interests is two sets of DHS model questionnaires which are easily adaptable to particular countries' interests. The first set includes two core versions of the model questionnaire: the "A" (for high contraceptive prevalence countries) and the "B" (for low contraceptive prevalence countries) questionnaires. The "A" and "B" versions differ mainly in the number of questions devoted to the subject of contraception and contain a very large common denominator of identical questions. The second set of questionnaires includes the additional health questions and commentary for both the model "A" and "B" questionnaires. This volume contains the "A" questionnaire with additional health questions. (The "B" questionnaire with additional health questions is found in the companion to this volume, DHS Model B Questionnaire with Additional

Health Questions and Commentary for Low Contraceptive Prevalence Countries.) The most appropriate version of the four questionnaires can then be identified for a particular DHS country and used as a starting point for local adaptation. It is understood that countries may wish to add certain questions on specialized topics not in the models or in the available modules.

Why, one might reasonably ask, did the model questionnaires take so long to develop when we had the enormous advantage of the rich experience accumulated in the World Fertility Survey and the Contraceptive Prevalence Surveys, not to mention those conducted by the Centers for Disease Control and earlier surveys? There are several answers to this question.

The first explanation relates to structure and length issues. One of the early drafts of the model questionnaires included a truncated five-year birth history, an idea that was subsequently rejected, resurrected, and rejected once again. While the truncated birth history has the great advantage of economy and focus on recent events, it sacrifices the opportunity for cohort and birth interval analysis.

Another issue that relates to considerations of length, and which also has significant implications for the kinds of analysis possible, is the question of whether current status measurement of the proximate determinants and various health subjects is sufficient or whether information about events in the past is required. Breastfeeding is an example. From some points of view, it is sufficient to estimate the average duration of breastfeeding from women's current practice; the alternative approach is to collect data on breastfeeding for all episodes in a fixed period of past time, which will permit analysis of individual characteristics associated with breastfeeding. While the model questionnaires collect this information on both past and recent events, the data needs of DHS countries will determine whether all of this information will be collected or current status assessments will suffice.

An underlying tension that has characterized the whole process of assembling these questionnaires stems from the multiple purposes of DHS and the different constituencies which it attempts to serve. The project is focused primarily on the collection of data relevant to program interests. These interests can be interpreted in various ways, including: estimating levels of fertility and infant and child mortality; estimating levels of breastfeeding and the other proximate determinants of fertility; measuring contraceptive knowledge, use, availability, acceptability and the effectiveness of different methods; estimating the unmet need for birth control, reasons for nonuse, levels of unwanted fertility, preferences for additional children; measuring the extent of various childhood diseases in a recent time frame and treatment obtained, immunization, weight and length, and other essentially descriptive parameters of interest to program people. These are all yardsticks by which program activity can be at least initially evaluated. Other interpretations are also appropriate.

One programmatic interest that corresponds closely with interests of the academic community is in the determinants of fertility in the developing countries, in particular, questions about what contributes to the decline of fertility. This interest in determinants includes both the proximate determinants of fertility -- proportions married, age at marriage, duration of breastfeeding, postpartum amenorrhea, postpartum abstinence -- as well as possible social and economic determinants -- family wealth, women's employment, family structure, education, residence, ethnicity, religion, and other variables. Some of these interests can be served at the analysis level with the essentials of the model questionnaires; others have been conceived as specialized sets of questions (modules) to be added in particular countries. The DHS "solution" has been to represent several of these specialized areas with a minimal number of questions in the questionnaires while still retaining some of the full modules for use in a limited number of countries.

In addition, the questionnaires were designed to respond to program interests related to specific projects, for example, in social marketing or in periodic abstinence. The "A" questionnaire includes questions on exposure to mass media, whether family planning messages have been heard on the radio, attitude toward the radio carrying such messages, attitude toward family planning services received, particular method of periodic abstinence used, knowledge of the ovulatory cycle, and pill brand identification.

One of the aims of an international survey project of this kind is to reach an appropriate balance between uniformity and cultural diversity. Uniformity is desirable for comparative purposes and for standardizing procedures to achieve economy at every step. At the same time, opportunity has to be provided to reflect the wide differences among the Third World countries represented in the DHS. One fundamental difference is whether contraception is widely practiced and whether the idea of birth control has been accepted. The division of the questionnaires into "A" and "B" models is one result of this concern. Adding "country-specific" questions to the model is another method, as is the possibility of using particular modules in certain countries.

The final balancing act related to the melding of family planning and demographic topics with the interests of the professional health community. As a result, a significant fraction of the content of all four of the DHS model questionnaires has been devoted to the subject of health, particularly Child Survival. Once again, the aim has been to achieve some appropriate balance in the competition for questionnaire space. The health items that have been included in all questionnaires cover types of water supply, toilet facilities, prenatal care, assistance at delivery, tetanus toxoid injections, dates of all immunizations for children under five, and diarrhea and type of treatment. Fever and its treatment, and respiratory disease and its treatment appear in the "B" questionnaires. Moreover, the four model questionnaires include the measurement of weight and length of children under three years of age (in some countries on a sub-sample basis) as a key indicator associated with nutritional status.

The inclusion of health subjects in the questionnaires will also permit the linking of health with demographic variables, e.g. the analysis of the relationship between the length of birth intervals and the weight and length of children.

HOUSEHOLD SCHEDULE

The DHS has not adopted a household schedule for universal use in the same way as did the WFS. In all countries, a simple household listing is obtained with the number of persons by age and sex and whether each person spent the previous night in the residence (the definition of a de facto sample). The primary use of this listing is to determine whether anyone in the household is eligible to be interviewed in the DHS sample. Data collected at the household level can also be used to assess the degree to which the sample represents the population.

In countries where never-married women are excluded from the sample, the household schedule collects information used to derive denominators for the calculation of measures such as age at marriage. In addition, information can be collected at the household level to describe general population characteristics such as the extent of child fostering.

DEMOGRAPHIC AND HEALTH SURVEYS
HOUSEHOLD SCHEDULE

[NAME OF COUNTRY]

[NAME OF ORGANIZATION]

IDENTIFICATION*	
PLACE NAME _____	
CLUSTER NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
REGION.....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
URBAN/RURAL (urban=1, rural=2).....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> <div style="text-align: center;">YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></div> </div>
INTERVIEWER'S NAME				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RESULT**				<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
**RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT NIGHT BEFORE INTERVIEW 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TOTAL ELIGIBLE WOMEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
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* THIS SECTION SHOULD BE ADAPTED FOR COUNTRY-SPECIFIC SURVEY DESIGN.

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

NO. (1)	USUAL RESIDENTS AND VISITORS (2) Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	RESIDENCE		SEX	AGE	FOSTERING*	ELIGIBILITY
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	Is (NAME) male or female? (5)	How old is he/she? (6)	ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do either of his/her parents usually live in this household? (7)	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW (8)
01		YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2	01
02		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	02
03		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	03
04		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	04
05		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	05
06		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	06
07		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	07
08		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	08
09		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	09
10		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	10
11		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	11
12		1 2	1 2	1 2	<input type="text"/> <input type="text"/>	1 2	12

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES ☐ → ENTER EACH IN TABLE NO ☐
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ → ENTER EACH IN TABLE NO ☐
- Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ☐ → ENTER EACH IN TABLE NO ☐

* Question on fostering only to be included in African countries.

** This question refers to natural parents.

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION*		
PLACE NAME _____		
CLUSTER NUMBER.....	<input type="text"/>	<input type="text"/>
HOUSEHOLD NUMBER.....	<input type="text"/>	<input type="text"/>
REGION.....	<input type="text"/>	<input type="text"/>
URBAN/RURAL (urban=1, rural=2).....	<input type="text"/>	
LINE NUMBER OF WOMAN.....	<input type="text"/>	<input type="text"/>

INTERVIEWER VISITS					
	1	2	3	FINAL VISIT	
DATE	<hr/>	<hr/>	<hr/>	MONTH <div><div></div><div></div></div>	YEAR <div><div></div><div></div></div>
INTERVIEWER'S NAME	<hr/>	<hr/>	<hr/>	<div><div></div><div></div></div>	
RESULT**	<hr/>	<hr/>	<hr/>	<div><div></div></div>	
NEXT VISIT:				TOTAL NUMBER OF VISITS	<div><div></div></div>
DATE TIME <hr/> <hr/>					
**RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ (SPECIFY)					

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
	_____	_____	_____	<div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>
	_____	_____	_____	

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SECTION 1. RESPONDENT'S BACKGROUND

Household size (101-102).

Question 101 provides the basis for classifying the size of the household and its density or crowdedness.

Question 102 is useful for providing additional information on the health conditions for children in the household.

Time of interview (103).

Time, recorded in questions 103 and 718, is used to determine the length of interview.

Residence and mobility (104-106).

These questions are intended to provide information on size of place of residence and geographic mobility. Place of residence is classified into countryside, town, and city. The cluster identification will permit the same classification for the current place of residence. The information is useful both for descriptive and research questions, e.g. determining the prevalence of contraception in cities and in rural areas and for trying to detect whether fertility preferences and behavior are influenced by changes in residence. Mobility is determined by the difference between current and former places of residence. A further aspect of mobility is determined in question 514 which asks the number of places lived in for six months or more since marriage.

Childhood residence allows creation of a combined variable using childhood and current residence to indicate rural to urban migration. This index has been shown to have greater predictive power for purposes of analyzing contraceptive use and fertility than either childhood or current residence by itself.

Date of birth and age of woman (107-108).

Both the month and year of birth and age at last birthday are to be asked. The interviewer is instructed to reconcile age and birthdate if possible. Reconciliation in the field is preferable to leaving inconsistencies that plague the editing process and must eventually be solved by the analyst. It is important, therefore, that the interviewer make a serious effort to determine these dates.

Education and literacy (109-113).

The questions on education follow the time-tested WFS sequence. Probes for higher education will be required in countries where the educational system (or the number of grades at each level) has changed in the last 30 years. Question 113 which ascertains literacy for all women with less than 6 years of schooling, has been expanded to distinguish difficulty in reading because of the general expansion of literacy throughout the developing world. Education is one of the main factors influencing fertility, infant and child mortality, and health care.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE..... <input type="text"/> <input type="text"/>	
102	RECORD THE NUMBER OF CHILDREN AGED 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE WHO NORMALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN AGED 5 AND UNDER..... <input type="text"/> <input type="text"/>	
103	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
104	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE.....1 TOWN.....2 CITY.....3	
105	How long have you been living continuously in (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS..... <input type="text"/> <input type="text"/>	107
106	Just before you moved here, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE.....1 TOWN.....2 CITY.....3	
107	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
109	Have you ever attended school?	YES.....1 NO.....2	113

Mass media (114-116).

These questions, not asked in WFS or CPS, are intended to provide some simple index of exposure to modern ideas and messages communicated through written and visual media. Further information on exposure to mass media is provided in 122 through possession of radio or television and in 342-345 where the focus is on media exposure to family planning information.

Water and toilet facilities (117-121).

These questions are intended to elucidate determinants of international variations in infant and child mortality. Sources for drinking water, and water for other uses (handwashing, cooking) are distinguished. Water which must be fetched and stored may become a major source of contamination and is an important determinant of early childhood mortality. The absence of soap may indicate poor personal hygiene habits.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What was the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
111	What was the highest (GRADE, FORM, YEAR) you completed at that level?*	GRADE..... <input type="text"/>	
112	CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	115
114	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
115	Do you usually watch television every week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	What is the major source of drinking water for members of your household?*	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER09 (SPECIFY)	
118	What is the major source of water for household use other than drinking (e.g., handwashing, cooking) for members of your household?*	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER09 (SPECIFY)	120

* Revise according to the local education system.

** Coding categories to be developed locally and revised based on the pretest.

Household possessions and dwelling characteristics (122-124).

There are two objectives to these lists (which will vary in detail in different countries): 1) to provide some index of level of living or socioeconomic status, and 2) to provide further information on exposure to mass media (possession of radio, television). This indirect approach to the measurement of socioeconomic status is affected by urban-rural and regional differences in consumer choice and preference, but is considered more feasible than the use of direct questions on income.

Religion and ethnicity (130-140).

These questions are relevant in countries with religious and/or ethnic diversity. There is considerable evidence that reproductive behavior is influenced by normative attitudes associated with religious values and with ethnicity. This information is also of potential programmatic value in identifying particular groups that may have special needs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
119	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
120	What kind of toilet facility does your household have?	FLUSH.....1 BUCKET.....2 PIT.....3 OTHER.....4 (SPECIFY) NO FACILITIES.....5	
121	Do you have, right now, a cake of soap on the premises?	YES.....1 NO.....2	
122	Does your house have: Electricity? A radio? A television? A refrigerator?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
123	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor? (IF URBAN, CIRCLE '2'.)	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2 TRACTOR.....1 2	
124	MAIN MATERIAL OF THE FLOOR.* (RECORD OBSERVATION.)	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER.....7 (SPECIFY)	
130	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
140	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

* Coding categories to be developed locally and revised based on the pretest.

SECTION 2. REPRODUCTION

Lifetime fertility (201-210).

Questions 201-210 on lifetime fertility are standard preliminary questions aimed at determining the total number of births (and child deaths) in the woman's history and they set the stage for the detailed history in 211-219.

Experience has indicated that certain types of events are under-reported; this is the reason for distinguishing children living at home from those living away, and from those who have died. Distinction by sex improves reporting and allows indirect estimation of sex-specific mortality rates.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters you have given birth to who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters you have given birth to who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→221

Detailed birth history (211-219).

The detailed birth history collected on this page comprises the heart of the fertility survey from which fertility, and infant and child mortality rates are derived.

Fertility surveys conducted in developing countries over the past several decades have differed widely in their approaches to collecting data on births. The complexity of questionnaires has ranged from that typically found in the Contraceptive Prevalence Surveys which include a simple question on the date of the last live birth, to that in the World Fertility Surveys which include a complete history of all live births that a respondent has ever had. Another strategy is the so-called "last live birth questionnaire" where respondents are asked about the dates of both their last live birth and the penultimate birth (as well as any pregnancies which occurred after the last live birth). A more recent alternative approach to collecting recent fertility information is to use a "truncated history" approach, i.e., to obtain information on all births in the past five years.

Each of these approaches has advantages and limitations. The full birth history is incorporated in the DHS Model Questionnaire. Complete birth histories clearly have the advantage of supplying a much richer data set with which analysts can study trends in fertility, variations across cohorts and time periods, and characteristics of birth intervals. A complete history also permits better estimation of current levels of fertility by allowing a more thorough evaluation of the quality of the data. Even in countries that have a previous WFS survey, the full birth history would enhance the ability to disentangle genuine trends from errors by joint analysis of overlapping histories. The central argument against a complete birth history is cost. The economy to be realized with a truncated history for the five years preceding the survey is the avoidance of the collection of dates for nearly half of the births (plus the age at death for some comparable proportion of deaths).

The interviewer is required to probe and convert all dates to calendar form. These probes may be annoying but they are critical to obtaining high quality data.

The full birth history will be used to calculate age-specific and total fertility rates for a recent period and cohort-period fertility rates that can be used to infer trends in fertility. The number of surviving children tabulated by sex and by mother's age has descriptive value, as well as providing a basis for direct estimates of mortality.

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.)

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
02 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
03 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
04 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
05 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
06 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2
07 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS..	YES NO 1 2

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/ her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
09 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
10 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
11 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
12 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
13 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2
14 (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> YEAR... <input type="text"/>	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 <input type="text"/> MONTHS...2 <input type="text"/> YEARS....3 <input type="text"/> (GO TO 219)	AGE IN <input type="text"/> YEARS.. <input type="text"/>	YES NO 1 2

219 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS
ARE SAME

☐

NUMBERS ARE
DIFFERENT

☐

(PROBE AND RECONCILE)

Caesarean delivery (220).

This question can be used to provide information on the prevalence of caesarean delivery. The question is also important for examining the links between caesarean delivery and postpartum sterilization.

Current pregnancy, prenatal care and fecundity (221-227).

The birth history is followed by a question on current pregnancy (221). Question 222 on duration of current pregnancy is included to facilitate analysis of current fertility.

Questions 223-225 on tetanus inoculation and on prenatal care are included for child health interests, and as indicators of health care service delivery. Tetanus is a major cause of death among young children, but it can be prevented by tetanus injection to the woman during pregnancy. Inoculation for births in the last five years is asked in Question 403. Two tetanus injections provide full protection. Question 223A will determine what proportion of currently pregnant women are fully protected. Question 223B indicates the major source of tetanus injections.

Question 226 is used to provide a basis for classifying the fecundity status of women and to improve the reporting of current pregnancy. Unlike earlier surveys that asked women's perceptions about their ability to conceive, the DHS will depend on reporting of menstruation in conjunction with other information on contraception and lactation. Question 226 is included to determine a respondent's general knowledge about the biology of reproduction. It should be of special interest for women relying on periodic abstinence for contraception.

Presence of others during the interview (228).

This information is relevant to evaluating the reliability of the data collected in this section of the questionnaire.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
220	Was your last child born by caesarean section?	YES.....1 NO.....2																
221	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226															
222	For how many months have you been pregnant?	MONTHS..... <input type="text"/> <input type="text"/>																
223	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	224															
223A	How many injections did you receive?	NUMBER..... <input type="text"/> DK.....8																
223B	Where did you go to get the (last) injection?*	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL OR CLINIC.....05 PHARMACY.....06 SCHOOL.....07 SPECIAL CAMP.....08 OTHER.....09 (SPECIFY) DK.....98																
224	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	227															
225	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.*	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY)	227															
226	How long ago did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996																
227	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?*	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DK.....8																
228	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	HUSBAND.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																
CHILDREN UNDER 10.....1	1	2																
HUSBAND.....1	1	2																
OTHER MALES.....1	1	2																
OTHER FEMALES.....1	1	2																

* Coding categories to be developed locally and revised based on the pretest.

SECTION 3. CONTRACEPTION

The section on contraception includes the standard questions on knowledge, ever-use and current use of methods; availability and acceptability of methods; and questions on intention to use in the future, combined with preferences regarding method and source. The repetition of these questions for each method may be tedious, but it is essential to ensure quality of data on use of contraception.

Knowledge (spontaneous) (301).

This question asks the respondent which methods she knows. The information collected about knowledge of different contraceptive methods serves two purposes: to measure the simple level of information about different methods of contraception, and to lead into subsequent questions on the use of contraception by communicating clearly the meaning of the concept.

Knowledge (probed) and ever use (302-303).

For methods not spontaneously recalled, Question 302 probes for recognition.

Knowledge of source of supply (304).

This question is introduced to disclose the respondent's knowledge of a source of supply or advice about each method she knows. The purpose is to estimate perceived availability. Distance to these sources will be independently assessed from the service availability questionnaire in a supplementary inquiry.

Acceptability of methods (305).

One of the concerns in family planning programs is that rumors develop about methods. This question is intended to assess the existence of such perceptions about the different methods the woman knows.

SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)?* READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
04 DIAPHRAGM/FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
08 PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v	YES.....1 NO.....2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> OTHER _____
10 ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	CODES FOR 304** 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 FAMILY PLANNING CLINIC 04 MOBILE CLINIC 05 FIELD WORKER 06 PRIVATE DOCTOR 07 PRIVATE HOSP OR CLINIC 08 PHARMACY 09 SHOP 10 CHURCH 11 FRIENDS/RELATIVES 12 OTHER (SPECIFY) 13 NOWHERE 98 DK	CODES FOR 305** 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 HEALTH CONCERNS 05 ACCESS/AVAILABILITY 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 09 METHOD PERMANENT 11 OTHER (SPECIFY) 12 NONE 98 DK

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐

AT LEAST ONE "YES" (EVER USED) ☐

→ SKIP TO 309

* Where Norplant field trials are underway, this method may be included in the list.
** Coding categories to be developed locally and revised based on the pretest.

Contraceptive use (306-317).

306-308. A final probe for women who responded that they have never used contraception.

309-310. Determines the type of periodic abstinence used by women who have ever used this general method.

311. Parity at first use. The birth interval before first use of contraception will permit some inferences about trends in timing of use.

312-317. Current use of contraception is recorded in question 312-314. This is one of the most important items of information in the entire questionnaire. Pill users are asked brand and cost (315-316); such information is relevant for program and marketing purposes. The date of the sterilization operation is asked (317) to permit the estimation of rates for particular periods of time, and to permit analysis of age and parity relationships.

Recent source of supply or advice and client satisfaction (318-320).

Women who have discontinued using contraception (as well as those using periodic abstinence, withdrawal or "other" methods) are asked whether they have obtained methods, or instructions about periodic abstinence, in the last year. Women who have obtained a method in the past year are asked where the method was sought (319, 319A, 319B). Women who visited hospitals, clinics, or private doctors for family planning are also asked (320) about dissatisfaction with such facilities. This information is important for family planning service providers.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	Please show me the package of pills you are now using. (RECORD NAME OF BRAND.)	BRAND NAME <input type="text"/> NOT ABLE TO SHOW.....96	
316	How much does one packet (cycle) of pills cost you?*	COST..... <input type="text"/> FREE.....996 DK.....998	→319
317	In what month and year did you (he) have the operation?	DATE MONTH..... <input type="text"/> YEAR..... <input type="text"/>	→319A
318	Have you visited a hospital, a health center, a clinic, a doctor, or a field worker to obtain a method to avoid pregnancy or instructions for using periodic abstinence in the last twelve months?	YES.....1 NO.....2	→319B →321
319	Where did you visit to obtain the method (or instructions)?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FAMILY PLANNING CLINIC.....03 MOBILE CLINIC.....04 FIELD WORKER.....05 PRIVATE DOCTOR.....06 PRIVATE HOSPITAL OR CLINIC.....07 PHARMACY.....08 SHOP.....09 CHURCH.....10 FRIENDS/RELATIVES.....11 OTHER.....12 (SPECIFY)	
319A	Where did the sterilization take place?		
319B	Where did you obtain the method (or instructions)?	DK.....98	→321
320	Was there anything you particularly disliked about the services you received there? IF YES: What?*	WAIT TOO LONG.....1 STAFF DISCOURTEOUS.....2 SERVICES EXPENSIVE.....3 DESIRED METHOD UNAVAILABLE.....4 OTHER.....5 (SPECIFY) NO COMPLAINTS.....6	
321	CHECK 221: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→339
322	CHECK 313, 314: HE/SHE STERILIZED <input type="checkbox"/> CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		→324 →333

* Revise cost code according to local currency.

** Coding categories to be developed locally and revised based on the pretest.

Past use and reasons for dissatisfaction (321-338).

For various categories of women, these questions determine duration of use, methods used, problems, and reasons for discontinuation. Knowing the reasons why women discontinue specific methods may be of use to program managers in developing information programs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
323	For how long have you been using (CURRENT METHOD) continuously?	DURATION MONTHS..... YEARS.....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
324	Have you experienced any problems from using (CURRENT METHOD)?	YES.....1 NO.....2	→325A
325	What is the main problem you experienced?*	METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COST TOO MUCH.....06 INCONVENIENT TO USE.....07 OTHER11 (SPECIFY) DK.....98	
325A	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE/SHE STERILIZED <input type="checkbox"/>		→328
326	At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?	YES.....1 NO.....2	→328
327	Which method is that?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER10 (SPECIFY)	
328	Have you ever used any other method or done anything else (since your last birth) before (CURRENT METHOD) to avoid getting pregnant?	YES.....1 NO.....2	→342
329	Which method did you use before (CURRENT METHOD)?**	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER10 (SPECIFY)	
330	In what month and year did you start using (METHOD BEFORE CURRENT) (the last time)?	DATE MONTH..... YEAR.....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>

* Coding categories to be developed locally and revised based on the pretest.

** For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
331	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)?	DURATION MONTHS..... YEARS.....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
332	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?*	METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COST TOO MUCH.....06 INCONVENIENT TO USE.....07 INFREQUENT SEX.....08 TO USE PERMANENT METHOD.....09 FATALISTIC.....10 OTHER11 (SPECIFY) DK.....98	<div style="position: relative; top: 100px; left: 10px;">→342</div>	
333	CHECK 208: ANY BIRTHS? <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div style="margin-left: 100px;"> ↓ 334 </div>		→335	
334	Since your last birth have you done anything or used any method to avoid getting pregnant?	YES.....1 NO.....2	→339	
335	Which was the last method you used?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER10 (SPECIFY)		
336	In what month and year did you start using that method (last time)?	DATE MONTH..... YEAR.....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
337	For how long had you been using (LAST METHOD) before you stopped using it (last time)?	DURATION MONTHS..... YEARS.....	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
338	What was the main reason you stopped using (LAST METHOD) then?*	TO BECOME PREGNANT.....01 METHOD FAILED.....02 HUSBAND DISAPPROVED.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COST TOO MUCH.....06 INCONVENIENT TO USE.....07 INFREQUENT SEX.....08 FATALISTIC.....10 OTHER11 (SPECIFY) DK.....98		

* Coding categories to be developed locally and revised based on the pretest.

** For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

Future contraceptive use (339-341).

Pregnant women, past users and never users of contraception are asked about their intention to use (with a distinction between use in the near future and use later), and the preferred method. The data provide an indication of future demand for services. The distinction between the near and the more distant future is to avoid the respondent misunderstanding the time reference.

Media information on family planning (342-345).

These questions are intended to measure public exposure to radio or television messages about family planning. Question 344 could provide a basis for demonstrating the public acceptability of having such information broadcasted.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
339	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	342
340	Which method would you prefer to use?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98	
341	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
342	In the last month, have you heard a message about family planning on the radio?**	YES.....1 NO.....2	344
343	Did you hear it once or more than once?	ONCE.....1 MORE THAN ONCE.....2	
344	Is it acceptable or not acceptable to you for family planning information to be provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	
345	COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES ON TELEVISION.		
346	CHECK 221: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		347
346A	CHECK 214: HAD BIRTH SINCE JAN. 1982*** <input type="checkbox"/> NO BIRTH SINCE JAN. 1982*** <input type="checkbox"/>		427

* For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

** If data on listening habits are not available, also ask listening time and program preferences.

*** For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.

Fertility planning (346-356).

For those women who used contraception in a closed interval in the last five years, additional questions are asked to determine whether each birth (and the current pregnancy) was intended (353-354) and whether the woman had wanted to have another birth before each pregnancy occurred (355-356).

This information will permit the estimation of both contraceptive failure rates (by method and by intention) and the level of unwanted fertility in the country. Question 354 will permit classification of women according to the reason that they discontinued contraceptive practice by the method discontinued.

Most family planning surveys in the last decade have not determined the duration or timing of contraceptive use. This lack of information has limited analysis of contraceptive efficacy and fecundability, and, more generally, of the determinants of birth interval length. The DHS questionnaire allows for the coding of up to two methods within an interval (350-351) and for the duration of use of the last method in the interval (352).

347 Now I would like to get some more information about (your pregnancy and) the children you had in the last 5 years.
CHECK WHETHER PREGNANT AND RECORD NAMES OF BIRTHS SINCE JAN. 1982.* THEN ENTER EVER USE OF CONTRACEPTION.
ASK QUESTIONS ABOUT ALL THESE BIRTHS. LINE NUMBER

	CURRENTLY PREGNANT	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	YES <input type="checkbox"/> NO <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>

348 CHECK 306: EVER USED A METHOD ☐ (ASK 349-356 FOR EACH COLUMN)
NEVER USED A METHOD ☐ (ASK 355 FOR EACH COLUMN)

349 Before you became pregnant (with NAME) (but after PRECEDING BIRTH) (IF ANY), had you done anything or used any method, even for a short time, to avoid getting pregnant?	YES.....1 NO.....2 (SKIP TO 355)<	YES.....1 NO.....2 (SKIP TO 355)<	YES.....1 NO.....2 (SKIP TO 355)<	YES.....1 NO.....2 (SKIP TO 355)<	YES.....1 NO.....2 (SKIP TO 355)<
--	---	---	---	---	---

350 What was the last method you used then?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPH/FOAM/JELLY..04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	PILL.....01 IUD.....02 INJECTIONS.....03 DPHM/FOAM/JLY.04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	PILL.....01 IUD.....02 INJECTIONS.....03 DPHM/FOAM/JLY.04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	PILL.....01 IUD.....02 INJECTIONS.....03 DPHM/FOAM/JLY.04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	PILL.....01 IUD.....02 INJECTIONS.....03 DPHM/FOAM/JLY.04 CONDOM.....05 MALE STER.....07 PERIODIC ABST.08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)
--	---	---	---	---	---

351 Did you use any method before that? IF YES: What? RECORD CODE. IF NONE, '00'.	PRECEDING METHOD..... <input type="text"/> <input type="text"/>	PRECEDING METHOD..... <input type="text"/> <input type="text"/>	PRECEDING METHOD..... <input type="text"/> <input type="text"/>	PRECEDING METHOD..... <input type="text"/> <input type="text"/>	PRECEDING METHOD..... <input type="text"/> <input type="text"/>
---	---	---	---	---	---

352 For how long had you used (LAST METHOD) then?	DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/>	DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/>	DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/>	DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/>	DURATION MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/>
---	--	--	--	--	--

353 Did you become pregnant while you were using (LAST METHOD)?	YES.....1 (SKIP TO 356)< NO.....2	YES.....1 (SKIP TO 356)< NO.....2	YES.....1 (SKIP TO 356)< NO.....2	YES.....1 (SKIP TO 356)< NO.....2	YES.....1 (SKIP TO 356)< NO.....2
---	---	---	---	---	---

354 What was the main reason you stopped using (LAST METHOD)?***	TO GET PREGNANT...01 (GO TO NEXT COLUMN)< METHOD FAILED.....02 HUSB DISAPPROVED..03 HEALTH CONCERNS..04 ACCESS/AVAIL.....05 COST TOO MUCH.....06 INCONVEN TO USE...07 INFREQ SEX.....08 FATALISTIC.....10 OTHER.....11 (SPECIFY) DK.....98	TO GET PREG...01 (GO TO NEXT COL)< METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX...08 FATALISTIC...10 OTHER.....11 (SPECIFY) DK.....98	TO GET PREG...01 (GO TO NEXT COL)< METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX...08 FATALISTIC...10 OTHER.....11 (SPECIFY) DK.....98	TO GET PREG...01 (GO TO NEXT COL)< METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX...08 FATALISTIC...10 OTHER.....11 (SPECIFY) DK.....98	TO GET PREG...01 (GO TO 401)< METH FAILED...02 HUSB DISAPRVD.03 HLTH CONCERNS.04 ACCESS/AVAIL..05 COST TOO MUCH.06 INCONVENIENT..07 INFREQ SEX...08 FATALISTIC...10 OTHER.....11 (SPECIFY) DK.....98
--	--	---	---	---	--

355 At the time you became pregnant (with NAME), did you want to have that child <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL TO NEXT COL)	THEN.....1 LATER.....2 NO MORE.....3 (ALL GO TO 401)
--	--	---	---	---	---

356 Did you want to have that child but at a later time, or not have another child at all?	HAVE CHILD LATER...1 NOT HAVE CHILD....2 (ALL GO TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL TO NEXT COL)	HAVE LATER.....1 NOT HAVE CHILD.2 (ALL GO TO 401)
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* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.

** For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

*** Coding categories to be developed locally and revised based on the pretest.

SECTION 4. HEALTH AND BREASTFEEDING

Tetanus toxoid (401-403).

For each birth that occurred in the last five years, information is sought about whether the mother was given a tetanus injection. This question will determine what proportion of women received preventive treatment for each birth in the preceding five years.

Prenatal care and assistance at delivery (404-405).

Two questions for each birth in the last five years are asked to determine the type of personnel who provided prenatal care and assistance at delivery. These questions are indicators of contact with and use of trained health care personnel. These two questions also will help to indicate the extent to which women rely on trained medical personnel or traditional birth attendants.

Breastfeeding (406-408A).

Duration of breastfeeding is ascertained for each birth in the last five years. The collection of such data is useful both for indirectly evaluating the contraceptive effects of breastfeeding and for general public health interest in the health of infants. Question 406A is an attempt to uncover the major reasons why mothers never breastfeed. Similarly, Question 408A seeks information on the major reasons mothers stop breastfeeding. This question is particularly important in relation to the current diarrheal disease status of children.

SECTION 4. HEALTH AND BREASTFEEDING

401 CHECK 214:

ONE OR MORE LIVE BIRTHS
SINCE JAN. 1982*

☐

NO LIVE BIRTHS
SINCE JAN. 1982*

☐

(SKIP TO 427)

402 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982* IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS.

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	THIRD-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.**	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5
405 Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.**	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6
406 Did you ever feed (NAME) at the breast?	YES.....1 (SKIP TO 407)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2
406A Why did you never feed (NAME) at the breast?*	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)<
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (SKIP TO 409)< NO (OR DEAD).....2			
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)<

* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.

** Coding categories to be developed locally and revised based on the pretest.

Postpartum amenorrhea and abstinence (409-411).

Besides information on breastfeeding, the duration of amenorrhea and postpartum abstinence is collected for each birth interval in the last five years which will permit an analysis of the effects of these proximate determinants on fertility which goes beyond simple current status estimates. The objective of these questions is to refine calculations of fecundability and contraceptive efficacy by improving the classification of exposure to risk of pregnancy. As in the case of breastfeeding, the collection of duration data should give more precise estimates of length of amenorrhea and abstinence than current status measures.

Frequency of breastfeeding (412-417).

For women currently breastfeeding, additional questions are asked to measure the periodicity and frequency of breastfeeding in order to guide the development of health education programs. The separation of the last 24 hours into the daylight and nighttime hours is used to sharpen the definition of the reference period. These data have obvious descriptive value and may be useful in aggregate analysis of the relationship between frequency of breastfeeding and amenorrhea. Questions on liquid and solid supplements (415) and use of a bottle with a nipple (417) complement the data on frequency of breastfeeding and are useful in relating the length of unsupplemented breastfeeding to amenorrhea and can indicate inappropriate and/or early weaning practices.

408A Why did you stop breastfeeding (NAME)?*	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)
409 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="text"/> <input type="text"/> NOT RETURNED.....96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (GO TO NEXT COL)<			
411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO 412)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
412	CHECK 407 FOR LAST BIRTH: LAST CHILD STILL BREASTFED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		418																					
413	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																						
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																						
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following:*	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Plain water?</td> <td>PLAIN WATER.....1</td> <td>2</td> </tr> <tr> <td>Juice?</td> <td>JUICE.....1</td> <td>2</td> </tr> <tr> <td>Powdered milk?</td> <td>POWDERED MILK.....1</td> <td>2</td> </tr> <tr> <td>Cow's or goat's milk?</td> <td>COW'S OR GOAT'S MILK.....1</td> <td>2</td> </tr> <tr> <td>Any other liquid?</td> <td>ANY OTHER LIQUID.....1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food?</td> <td>(SPECIFY) ANY SOLID OR MUSHY FOOD.....1</td> <td>2</td> </tr> </table>		YES	NO	Plain water?	PLAIN WATER.....1	2	Juice?	JUICE.....1	2	Powdered milk?	POWDERED MILK.....1	2	Cow's or goat's milk?	COW'S OR GOAT'S MILK.....1	2	Any other liquid?	ANY OTHER LIQUID.....1	2	Any solid or mushy food?	(SPECIFY) ANY SOLID OR MUSHY FOOD.....1	2	
	YES	NO																						
Plain water?	PLAIN WATER.....1	2																						
Juice?	JUICE.....1	2																						
Powdered milk?	POWDERED MILK.....1	2																						
Cow's or goat's milk?	COW'S OR GOAT'S MILK.....1	2																						
Any other liquid?	ANY OTHER LIQUID.....1	2																						
Any solid or mushy food?	(SPECIFY) ANY SOLID OR MUSHY FOOD.....1	2																						
416	CHECK 415: WAS GIVEN FOOD OR LIQUID <input type="checkbox"/> NO FOOD OR LIQUID GIVEN <input type="checkbox"/>		418																					
417	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																						

* Coding categories to be developed locally and revised based on the pretest.

Immunization (418-421).

To estimate the vaccination coverage of children, immunization data are collected for living children under five. The only reliable way to gather data on type and date of vaccination is by copying the information from the child's health card. For mothers who do not have or cannot produce a health card, a question (421) is asked about whether the child has had any vaccination. The data on immunization can be used to evaluate recent efforts in many countries to expand immunization coverage.

Diarrhea (422-426A).

Diarrhea is a relatively prevalent disease among children under 5 years old and can result in rapid dehydration and death. Questions 421-423 are asked to determine the prevalence of diarrhea. Although a recall period of two weeks (or 15 days) has been used in a large number of health surveys in recent years, data on even this short a period appears to suffer from memory problems and many surveys now rely on a question relating to the past day or 24 hours. The point prevalence of diarrhea in the last 24 hours is ascertained for all living children under five. Episodes of diarrhea are then ascertained for the last two weeks. Questions 423A-426A probe explicitly for different forms of therapy. In particular, these questions focus on the treatment of diarrhea with oral rehydration solution and on the use of medical care facilities for the treatment of diarrhea.

418 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982* BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212				
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST	THIRD-FROM-LAST
	NAME	NAME	NAME	NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
419 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 421)< NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 421)< NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 421)< NO CARD.....3	(GO TO 426) YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 421)< NO CARD.....3
420 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.**	NOT GIVEN DA MO YR BCG 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	NOT GIVEN DA MO YR BCG 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	NOT GIVEN DA MO YR BCG 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)	NOT GIVEN DA MO YR BCG 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 1 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 2 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DPT 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> POLIO 3 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MEASLES 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 422)
421 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
422 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 423A)< NO.....2	YES.....1 (SKIP TO 423A)< NO.....2	YES.....1 (SKIP TO 423A)< NO.....2	YES.....1 (SKIP TO 423A)< NO.....2
423 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (GO TO NEXT COL)< DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)< DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)< DK.....8	YES.....1 NO.....2 (SKIP TO 426)< DK.....8
423A Now I have some questions about (NAME's) last episode of diarrhea. How many days ago did the diarrhea start?	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98
423B CHECK 407: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 423D)			
423C Did you breastfeed (NAME) when he/she had diarrhea then?	YES.....1 NO.....2			

* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.

** Coding categories to be adapted to local names and procedures.

423D When (NAME) had diarrhea then, was he/she given more, less, or the same amount to drink as before the diarrhea?	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8
423E Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from a special packet? IF YES: Which?	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 423I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 423I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 423I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 423I)<
423F The last time (NAME) was given (home solution/special packet), did he/she get better, worse, or was there no change?	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3
423G How much of the (home solution/special packet) was (NAME) given every 24 hours?*	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8
423H For how many days was (NAME) given (home solution/special packet)?	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
423I Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea?	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8
424 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional doctor, or any other place during the last episode of diarrhea? IF YES: Where was he/she taken (the last time)?**	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 425A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 425A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 425A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 425A)<
425 What treatments did (NAME) receive there (the last time)?** CIRCLE ALL TREATMENTS MENTIONED.	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO 426)<
425A Why was (NAME) not taken somewhere for treatment during the last episode of diarrhea?*	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO 426)<

* Develop response codes according to local instructions for mixing ORS.

** Coding categories to be developed locally and revised based on the pretest.

Knowledge of use of ORS packets (427-438).

These questions seek to measure knowledge and use of oral rehydration solution (ORS) and use of ORS packets. Women are asked if they have ever heard about (427) and ever seen (428) an ORS packet; if they know what the packet is for (429) and if they have ever prepared solution from a packet (430). Questions 431-434 ask about the preparation of ORS, while 435-438 ask about availability and cost of the packets. Together, questions 427-438 will provide fairly complete and detailed information for evaluating ORS programs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
426	CHECK 423E: HOME SOLUTION OR BOTH MENTIONED <input type="checkbox"/> HOME SOLUTION NOT MENTIONED OR Q423E NOT ASKED <input type="checkbox"/>		427
426A	Where did you learn how to prepare the sugar, salt and water solution given to (NAME)?*	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL/CLINIC.....05 PHARMACY.....06 TRADITIONAL DOCTOR.....07 OTHER.....08 (SPECIFY) MOTHER DID NOT ADMINISTER.....96 DK.....98	
427	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 NO.....2	
428	Have you ever seen a packet like this before? (SHOW PACKET.)	YES.....1 NO.....2	439
429	Do you think this packet is used to <u>cure the diarrhea</u> , or that it is used <u>to prevent the child from drying out</u> ?	CURE DIARRHEA.....1 PREVENT DRYING OUT.....2 BOTH.....3 OTHER.....4 (SPECIFY) DK.....8	
430	Have you ever prepared one of these packets for yourself or for someone else?	YES.....1 NO.....2	435
431	How much water did you use to prepare the packet (the last time)?**	1½ LITER.....1 1 LITER.....2 1 1½ LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	
432	Did you use boiled water, bottled water, or other water to prepare the packet (the last time)?	BOILED WATER.....1 BOTTLED WATER.....2 OTHER.....3 (SPECIFY) DK.....8	

* Coding categories to be developed locally and revised based on the pretest.

** Develop response codes according to local instructions for mixing ORS.

Knowledge of vaccination source (439).

This question, asked of all respondents, measures the proportion of all women who know where a child can be taken for a vaccine. The relative importance of fieldworkers compared with health facilities or other sources can also be determined.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
433	In what kind of container did you prepare the mixture of the packet and the water?*	COOKING POT.....1 EARTHEN JAR.....2 EMPTY BOTTLE.....3 CALABASH.....4 OTHER.....5 (SPECIFY)	
434	Did you prepare a new mixture every day or did you use the same mixture for more than one day?	NEW MIXTURE EACH DAY.....1 USE SAME FOR MORE THAN 1 DAY.....2 OTHER.....3 (SPECIFY)	
435	Where can you get these packets? PROBE: Anywhere else? CIRCLE ALL PLACES MENTIONED.*	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 FIELD WORKER.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL/CLINIC.....1 PHARMACY.....1 SHOP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY) DK..... 1	
436	How much do (you think) the packets cost?**	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
437	Do you have one of these packets in your house now?	YES.....1 NO.....2	→ 439
438	Can I see the packet?	SHOWS PACKET.....1 DOES NOT SHOW PACKET.....2	
439	Which places can you go if you want to get a vaccination for a child? CIRCLE ALL PLACES MENTIONED.*	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 FIELD WORKER.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL/CLINIC.....1 PHARMACY.....1 SCHOOL.....1 SPECIAL CAMP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY)	

* Coding categories to be developed locally and revised based on the pretest.

** Revise cost code according to local currency.

SECTION 5. MARRIAGE

Marital status (501-502).

Current marital status is determined in these two questions. Throughout DHS as well as in earlier surveys, the classification "married" includes women in both formal and informal unions.

Former Marriage (503).

This question simply determines whether the woman has been married more than once.

Marriage duration (504-505).

DHS (unlike WFS) does not attempt to collect information on the durations of all unions, but rather asks only about the date of the first union. This will permit the most common type of tabulation of duration since first union.

Adult mortality (506-507).

Although the questions on parent's survival are intended mainly for the purpose of analyzing kinship influences, they are also useful for indirect estimation of adult mortality (within the reference group of women of reproductive age).

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	515												
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NOT NOW LIVING TOGETHER.....5													
503	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2													
504	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input type="text"/> <input type="text"/> DK.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	506												
505	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>													
506	Are your mother and father still alive?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WOMAN'S MOTHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>WOMAN'S FATHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	WOMAN'S MOTHER.....1	2	8		WOMAN'S FATHER.....1	2	8		
	YES	NO	DK												
WOMAN'S MOTHER.....1	2	8													
WOMAN'S FATHER.....1	2	8													
507	Are your (first) husband's/partner's mother and father still alive?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>FIRST HUSBAND'S MOTHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	FIRST HUSBAND'S MOTHER.....1	2	8		FIRST HUSBAND'S FATHER.....1	2	8		
	YES	NO	DK												
FIRST HUSBAND'S MOTHER.....1	2	8													
FIRST HUSBAND'S FATHER.....1	2	8													
508	CHECK 506 AND 507: AT LEAST ONE PARENT NOT LIVING OR DK <input type="checkbox"/> ALL ALIVE <input type="checkbox"/>		511												

Transition to independence (508-513).

These questions assess the couple's establishment of a household independent of their parents. The theory is that parents can exert influence on their children's passage to adulthood and on their fertility through financial support and social pressure. There is a literature on the subject that relates kinship structure to fertility. The reason for enquiring about whether parents are still living and, if not, whether they were alive at the beginning of the first union is to determine whether co-residence with parents is or was an option. The hypothesis is that couples who did not elect to live with parents are exercising a greater degree of independence. The questions on women's employment (712-717) are also relevant to the measurement of independence from the parental generation.

Residential mobility (514).

Information on the number of different localities in which the woman has lived is regarded as one index of exposure to different values and ideas which may affect marriage and/or fertility. It is also of interest for studying internal migration.

Sexual activity (515-519).

Question 516 on age at first sexual intercourse has two objectives: to shed some light on teenage pregnancy and to demarcate the beginning of exposure to the risk of pregnancy. The latter objective will eliminate the conventional dependency on the date of first union as the marker for the beginning of exposure. An appreciable advantage of the DHS questionnaire over the CPS and WFS versions is its ability to define exposure directly with data on menstruation and sexual activity.

One of the proximate determinants of fertility that has not been represented in the standard equation is coital frequency (517-519), which would seem to have some measurable impact on the rate of fertility. Coital frequency will vary by age, marriage duration, and probably by region of the world. It should also have some bearing on contraceptive failure and may be useful as a surrogate for fecundability.

One reason for the inclusion of question 519 is to approximate the proportion of women in the population who are exposed to the risk of pregnancy according to the proportion who have had sexual intercourse within the past 48 hours. On the assumption that this length of time corresponds with the length of the fertile period in the ovulatory cycle, this proportion will provide a direct estimate of the proportion at risk.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
509	Was (MENTION PARENTS NOT ALIVE NOW OR DK) alive at the time you began living together with your (first) husband or partner?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> <tr> <td>WOMAN'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	FIRST HUSBAND'S MOTHER.....	1	2	8	FIRST HUSBAND'S FATHER.....	1	2	8	
	YES	NO	DK																				
WOMAN'S MOTHER.....	1	2	8																				
WOMAN'S FATHER.....	1	2	8																				
FIRST HUSBAND'S MOTHER.....	1	2	8																				
FIRST HUSBAND'S FATHER.....	1	2	8																				
510	CHECK 509: <div style="display: flex; justify-content: space-around;"> <div> SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> </div> <div> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/> </div> </div> <p style="text-align: center;">v</p>		514																				
511	At the time you began living together, did you and your (first) husband/partner live with any of these parents for at least six months?	YES.....1 NO.....2	513																				
512	For about how many years did you live together with a parent at that time?	YEARS..... <input type="text"/> <input type="text"/> UP TO THE PRESENT.....96	514																				
513	Are you now living either with your parents or your husband's parents?	YES.....1 NO.....2																					
514	In how many localities have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF LOCALITIES..... <input type="text"/> <input type="text"/>	516																				
515	Have you ever had sexual intercourse?	YES.....1 NO.....2	524																				
516	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility. How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/>																					
517	Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	519																				
518	How many times?	TIMES..... <input type="text"/> <input type="text"/>																					

Reasons for nonuse (520-523).

This is a direct attempt to evaluate the reasons why women who do not want any more children do not use contraception. This is asked only of women who would be unhappy or who are indifferent about becoming pregnant in the near future but who are not using any method.

Presence of others during the interview (524).

This information is relevant to evaluating the reliability of the data on sexual behavior.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
519	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	524															
520	CHECK 221: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		524															
521	CHECK 313 AND 314: NOT USING CONTRACEPTION <input type="checkbox"/> USING CONTRACEPTION <input type="checkbox"/>		524															
522	If you became pregnant in the next few weeks, would you feel <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	524															
523	What is the main reason that you are not using a method to avoid pregnancy?*	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER14 (SPECIFY) DK.....98																
524	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	HUSBAND.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																
CHILDREN UNDER 10.....1	1	2																
HUSBAND.....1	1	2																
OTHER MALES.....1	1	2																
OTHER FEMALES.....1	1	2																

* Coding categories to be developed locally and revised based on the pretest.

SECTION 6. FERTILITY PREFERENCES

Desire for more children (601-603).

Question 603 permits classifying women according to whether they want or do not want to have additional children.

Intensity of preferences (604-606).

Earlier surveys, for the most part, have not tried to ascertain how definite the woman is about the desire for additional children. These three questions are aimed at avoiding the misclassification of women who are undecided about whether they want additional children or wish to postpone having another birth. The questions will permit developing a more sensitive classification of such intentions and will bear indirectly upon the estimation of the unmet need for family planning.

Timing preference (607-608).

For women who want more children, these questions are intended to permit estimating the potential demand for contraception to delay the next conception.

Sterilization regret (609-610).

This is an effort to capture whether the woman regrets that she or her husband had the sterilization operation because she would now like to have another child. This "sterilization regret" phenomenon is thought to be increasingly common in countries where men and women are getting sterilized at younger ages.

Ideal family size (611).

This type of question has been used in previous surveys to measure fertility norms. Although less useful than the above questions on personal preferences, the question has been retained in DHS for purposes of comparison with all earlier surveys. However, one improvement has been introduced by separating women with no children from those with children, and to rephrase the question for mothers in order to reduce the tendency to rationalize existing children.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		609
602	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/>		611
603	Now I have some questions about the future. CHECK 221 AND MARK BOX. NOT PREGNANT <input type="checkbox"/> OR UNSURE Would you like to have a (another) child or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE ANOTHER.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	606 611 605
604	Would you say that you definitely do not want to have (more) children, or are you not sure?	DEFINITELY NO MORE.....1 NOT SURE.....2	611
605	Are you more inclined toward having a (another) child or toward not having a (another) child?	HAVE ANOTHER.....1 NOT HAVE ANOTHER.....2 UNDECIDED.....8	607 611
606	Would you say that you definitely want a (another) child, or are you not sure?	DEFINITELY MORE.....1 NOT SURE.....2	
607	How long would you like to wait from now before the birth of a (another) child?	DURATION MONTHS.....1 YEARS.....2 DK.....998	611
608	CHECK 215: How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.	AGE OF YOUNGEST YEARS..... NO LIVING CHILDREN.....96 DK.....98	611
609	Do you regret that you (your husband) had the operation not to have any children?	YES.....1 NO.....2	611
610	Would you like to have another child or would you prefer not to have any more children?	HAVE ANOTHER.....1 NO MORE.....2 UNDECIDED OR DK.....8	
611	CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... OTHER ANSWER _____ (SPECIFY)	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

Husband's education and literacy (701-706).

These are duplicates of the questions asked about the woman in Section 1.

Husband's work (707-711).

In question 707, the standard information on the husband's current occupation is collected. This will permit descriptive generalizations about the sectors of society in which fertility is changing. It also permits classifying women by whether or not their husbands work in agriculture, which is relevant to the subsequent questions.

For those whose husbands do not work in agriculture, question 709 separates men who are regular employees from those whose work may be more irregular or who are self-employed. Agricultural workers are, in turn, separated into those who work on their own or someone else's land, and those who work for pay or for a share of the crops (710-711).

Together these questions are intended to provide some limited picture of the husband's position in the world of work. (The measurement of socioeconomic status is more directly assessed by the list of household items owned and dwelling characteristics in Section 1.)

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: EVER MARRIED OR LIVED <input type="checkbox"/> WITH A MAN ↓ ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.	ALL OTHERS <input type="checkbox"/>	→715
702	Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES.....1 NO.....2	→706
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DK.....8	→706
704	What was the highest (GRADE, FORM, YEAR) he completed at that level?*	GRADE..... <input type="text"/> <input type="text"/> DK.....98	
705	CHECK 703: PRIMARY <input type="checkbox"/> ↓ SECONDARY OR HIGHER <input type="checkbox"/>		→707
706	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
707	What kind of work does (did) your husband/partner mainly do?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
708	CHECK 707: DOES (DID) NOT WORK IN AGRI- <input type="checkbox"/> CULTURE ↓ WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE		→710
709	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	→712
710	Does (did) your husband/partner work mainly on his or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	→712
711	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2	

* Revise according to the local education system.

Woman's work (712-717).

The connection between women's work and fertility has not been addressed satisfactorily in earlier surveys. The survey questions determine work before and since marriage, and at the present time. These questions are restricted to work that earns money. Several of the questions introduce the concept of whether the money earned was used personally or turned over to the family since earning money for personal use is thought to distance the woman from the family. Economic independence, in turn, may influence attitudes toward marriage and childbearing.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
712	Before you married your (first) husband, did you your- self ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	714								
713	When you were earning money then, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY.....1 SELF.....2									
714	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	717 718								
715	Have you ever worked regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	718								
716	During the time when you have earned money, have you turned most of it over to your family or have you kept most of it for yourself?	FAMILY.....1 SELF.....2									
717	Are you now working to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2									
718	RECORD THE TIME.	HOUR..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									

SECTION 8. WEIGHT AND LENGTH

It is the intention of DHS to collect weight and length information for children three months to three years of age in most countries. The objective is to collect data on nutritional status both for descriptive health purposes as well as for some analytical uses in connection with demographic variables.

SECTION 8. WEIGHT AND LENGTH*

INTERVIEWER: IN 801-803, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1984** STARTING WITH THE YOUNGEST CHILD. CHECK AGE IN 804 TO IDENTIFY CHILDREN 3-36 MONTHS OF AGE. RECORD WEIGHT AND LENGTH IN 805 AND 806.

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD
801 LINE NO. FROM Q.212	<input type="text"/>	<input type="text"/>	<input type="text"/>
802 NAME FROM Q.212	(NAME) _____	(NAME) _____	(NAME) _____
803 DATE OF BIRTH FROM Q.214	MONTH.... YEAR..... <input type="text"/> <input type="text"/>	MONTH.... YEAR..... <input type="text"/> <input type="text"/>	MONTH.... YEAR..... <input type="text"/> <input type="text"/>
804 CHECK AGE: 3-36 MONTHS?***	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> v GO TO NEXT PAGE.
805 WEIGHT (in kgs)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
806 LENGTH (in cms)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
807 STATE REASON IF UNABLE TO RECORD	<input type="text"/> _____	<input type="text"/> _____	<input type="text"/> _____
808 NAME OF MEASURER:	<input type="text"/>	NAME OF ASSISTANT:	<input type="text"/>

* In countries where the measurer does not have the respondent's questionnaire, this page should include the mother's identification information and a suggested callback time.

** For fieldwork beginning in 1988 or 1989, this date should be January 1, 1985 or 1986, respectively.

*** If unable to determine due to missing information, measure child.

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview.)

Person Interviewed: _____

Specific Questions: _____

Other Aspects: _____

Name of Interviewer: _____ Date: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Field Editor: _____ Date: _____

Name of Keyer: _____ Date: _____

